ENERGY SAVING SYSTEMS TAX CREDIT
CERTIFICATION APPLICATION FORM

Please complete the following information and return to the Utah Office of Energy and Resource Planning.
If you have any questions regarding this application, please contact our office.
(Please print or type.)

A. APPLICANT INFORMATION

1. Project Participants

Name(s) of Applicant(s) _____

Mailing Address _____

_____

Telephone Home _____ Business _____

2. Project Location Address (if different than mailing address)

_____

_____

3. Equipment Vendor

Name _____

Address _____

_____

Telephone Business _____

4. Project Installer

Name _____

Address _____

_____

Telephone Business _____

Installer's License (if applicable) Type & Number _____
(Division of Occupational/Professional Licensing)

B. DESCRIPTION OF UNIT

1. Unit type

G Residential (cannot be subject to motor vehicle personal property tax)

G Commercial

2. Applicant

G Owns residential system G Owns commercial system

G Leases residential system G Leases commercial system

3. If residential unit, is it a(n)

G Apartment: number of units _____

G Single family dwelling: primary G or secondary G

4. If there are multiple units, does system provide energy for

G All units

G Some units: number of units _____

5. Type of construction

G New system G Upgrade of system

C. PROJECT SCHEDULE (MONTH & YEAR)

1. Construction start date _____
2. Construction completion date _____
3. Date energy system was placed in service _____

D. PREVIOUS APPLICATION

Has this structure previously received the energy saving systems tax credit?

G Yes G No G Unknown

If yes complete the following:

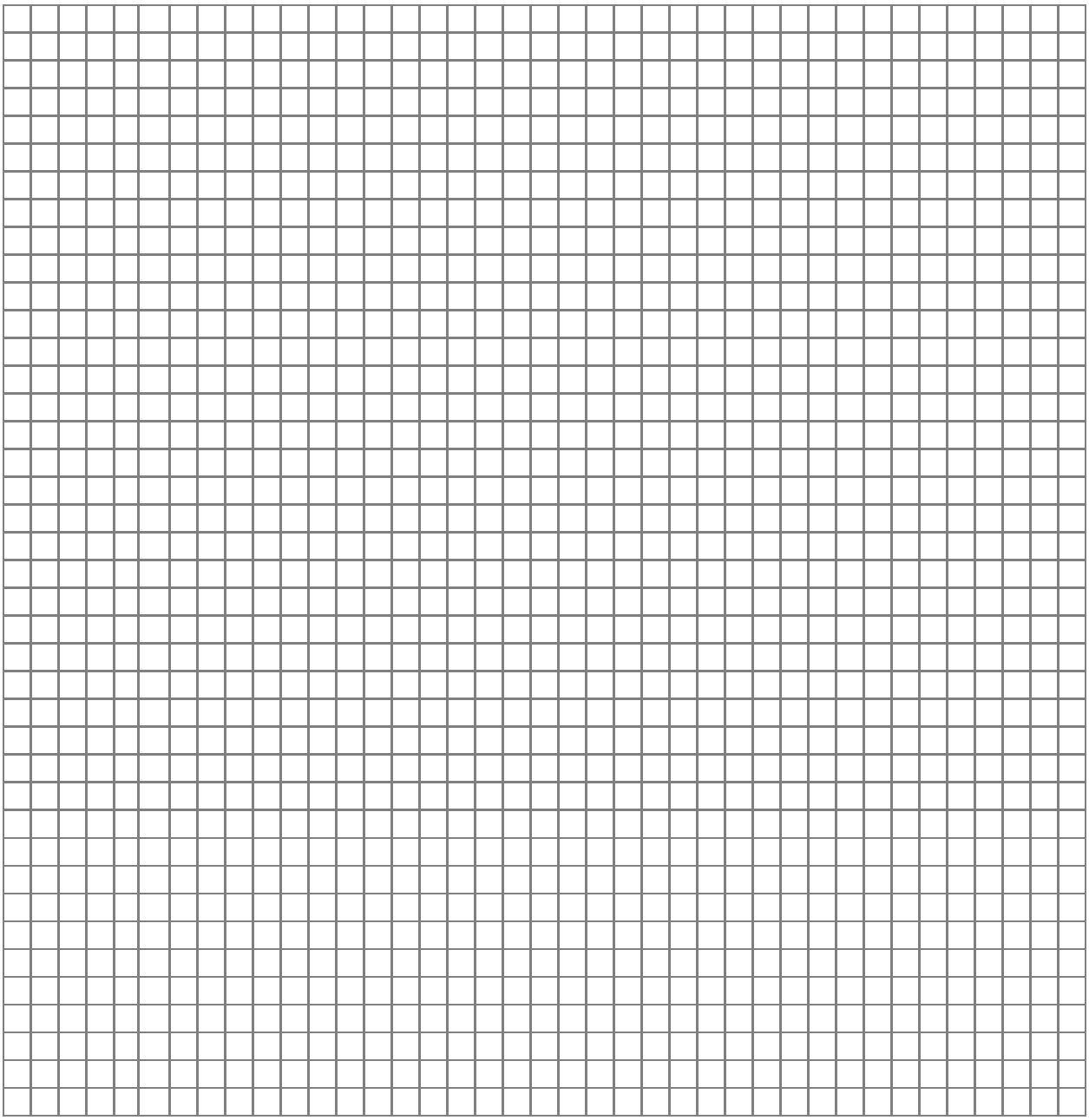
Amount of credit received _____ Year credit received _____

Is this application related to that system? G Yes G No

If yes what type of system was that?_____

E. SCHEMATIC OF ENERGY SYSTEM

Please sketch a schematic of the energy system. Indicate orientation (North-South-East-West). You can attach additional schematics, photographs, blueprints or other materials which would aid in describing the system. Label the pertinent equipment. Be as specific as possible.



F. SYSTEM DESCRIPTION

Locate the type of energy system installed and complete the requested information. **Be sure to complete the expenditures, savings and signatures sections following this section and include all receipts.** If you have any questions or if your system cannot adequately be described by the following format, please contact our office.

SOLAR SYSTEM

Active

Thermal

1. Type: G water heating G air heating Other _____
2. Use: G domestic water heating G space heating Other _____
3. Make and model of collectors _____

   G Owner built
4. SRCC-certified G or FSEC-certified G ?
5. Number of collectors _____
6. Total square footage of collectors _____
7. Collector tilt _____
8. Collector orientation (degrees from true south) _____
9. Describe type of heat storage system _____
10. Amount of heat storage provided _____

Comments:

_____

_____

_____

_____

_____

Photovoltaic

1. Grid connected G Stand-alone G
2. Use of system _____
3. Make and model of modules _____
4. Number of modules _____
5. Make and model of inverter _____
6. Number of inverters _____
7. Make and model of batteries _____
8. Number of batteries _____
9. Array tilt _____
10. Array orientation (degrees from true south) _____

Comments:

_____

_____

_____

_____

_____

Passive

1. System type

   G direct gain G trombe wall G attached sun space G Other _____

2. Total square footage of glazing contained in the solar surface of the south-facing wall _____
3. Glazing tilt _____
4. Glazing orientation (degrees from true south) _____
5. Describe type of thermal storage mass _____
6. Heat capacity of thermal storage mass _____

7. Describe method of preventing heat loss at night _____

8. Describe method of preventing summertime overheating (overhangs, shading devices, etc.)

_____

Comments:

_____

_____

_____

_____

_____

BIOMASS

1. Describe system and function of components_____

_____

_____

_____

_____

_____

HYDRO ENERGY

1. Grid connected **G** Stand-alone **G**

2. Make and model of turbine_____

3. Make and model of inverter _____

4. Number of inverters_____

5. Make and model of batteries _____

6. Number of batteries _____

7. Head, or vertical drop in elevation _____

8. Flow in gallons per minute _____

9. Length, size and condition of pipe used _____

10. Describe type of energy storage system if other than batteries _____

_____

_____

11. Amount of energy storage provided if other than batteries _____

Comments:

_____

_____

_____

_____

_____

WIND SYSTEM

1. Grid connected **G** Stand-alone **G**
2. Make and model of wind turbine_____
3. Direct drive mechanical power **G** Electrical power production **G**
4. Rated power output of wind turbine, watts (W) or kilowatts (kW) _____
5. AC **G** or DC **G** system
6. If AC, make and model of inverter_____
7. If battery storage, make and model of batteries _____
8. Number of batteries _____
9. Describe type of energy storage system if other than batteries

_____

_____

_____

10. Power use

_____

_____

Comments:

_____

_____

_____

_____

_____

G. EXPENDITURES

What is the actual dollar amount **applicant spent** on the system(s)? (Do not include rebates, grants, or any other cost not directly paid for by the applicant.)

1. Total equipment cost _____
2. Total installation cost _____
3. Sum of equipment and installation and costs _____

H. SAVINGS

1. Type of fuel saved: **G** Electric **G** Natural Gas **G** Other _____

2. Estimated annual fuel savings provided by system _____
3. Estimated annual dollar savings provided by system _____

I. SIGNATURES

1. I verify that I sold the equipment used for this system.

Vendor's Name (Printed)	Vendor's Signature	Date

2. I verify that I installed the equipment used for this system.

Installer's Name (Printed)	Installer's Signature	Date

3. I verify that the above information is correct and true to the best of my knowledge.

Project Participant's Name (Printed)	Project Participant's Signature	Date

4. ***(To be used by the Utah Office of Energy and Resource Planning)***

I verify that I have reviewed this application and the application is

G Approved **G** Denied

OERP Representative's Name (Printed)	OERP Representative's Signature	Date
OERP Representative's Name (Printed)	OERP Representative's Signature	Date
OERP Representative's Name (Printed)	OERP Representative's Signature	Date